

Fall 2020



# CCDOR

*Connection*

## *Our Mission*

*To develop and evaluate interventions and implementation strategies to improve health care delivery, Veteran engagement in health care, and Veterans' health and functioning in their communities*

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**Director:** Steven Fu, MD, MSCE    **Deputy Director:** Nina Sayer, PhD LP

**Associate Director:** Brent Taylor, PhD

## CCDOR Highlights

- **Shannon Kehle-Forbes** (PI) and **Hildi Hagedorn** (Co-PI) were awarded a PCORI contract to conduct a 3.5-year \$6.1 million multi-site trial, “Comparative Effectiveness of Trauma-focused and Non-trauma-focused Treatment Strategies for PTSD among Those with Co-Occurring SUD (COMPASS).” This trial will provide critical information about using evidence-based treatments to treat PTSD in the presence of substance use.



Shannon Kehle-Forbes, PhD and Hildi Hagedorn, PhD  
(Credit: April Eilers—Minneapolis VA Public Affairs)

- **Tim Wilt** and colleagues’ publication, “Screening for Colorectal Cancer in Asymptomatic Average-Risk Adults: A Guidance Statement From the American College of Physicians,” was distributed to over 159,000 American College of Physician members and many others throughout the world who read *Annals of Internal Medicine* via subscriptions.
- **Steven Fu** was interviewed by Minnesota Military Radio which aired on March 1, 2020 about his smoking cessation research.
- **Nina Sayer** and **Erin Krebs** served on the Committee on Identifying Disabling Medical Conditions Likely to Improve with Treatment that developed this consensus study report: *National Academies of Sciences, Engineering, and Medicine: Selected Health Conditions and Likelihood of Improvement with Treatment* (available at <https://doi.org/10.17226/25662>).
- June was PTSD awareness month. **Shannon Kehle-Forbes** was invited to speak about her research in PTSD on a podcast that was posted to the HSR&D website and their iTunes channel: <https://www.hsr.d.research.va.gov/news/podcasts/listen.cfm?ID=1064>.
- **Hildi Hagedorn** and Adam Gordon promoted the Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) Initiative on the VA Clinical Pharmacy Practice Office podcast and spoke about their perspective on opportunities for clinical pharmacy practice in the VA for opioid and other substance use disorders.

## In this Issue

- Highlights
- COMPASS
- Care Delivery During COVID-19 Pandemic
- Racial and Ethnic Disparities in PTSD
- Minneapolis VA Evidence-Synthesis Program
- Select Publications

## Calendar

Implementation Science Journal Club—4th Tuesday of every month

### Medicine Grand Rounds

Howard Fink—Dec 11  
Orly Vardeny Ni—Feb 5  
Susan Diem—Mar 5  
Aasma Shaukat—Apr 2  
Kris Ensrud—Apr 9  
Elisheva Danan—May 7  
Anne Melzer—May 21  
Maureen Murdoch—Jun 11

### Medicine Journal Club

Kris Ensrud—Dec 3  
Elisheva Danan—Jan 7  
Steven Fu—Mar 4  
Tim Wilt—Mar 18  
Adams Dudley—Mar 25  
Jill Fish—Apr 1  
Anne Melzer—May 6  
Wei (Denise) Duan-Porter—Jun 3

### CCDOR Research Conference

Orly Vardeny Ni—Dec 10  
Kelsie Full (Kris Ensrud guest)—Jan 14  
Diana Burgess—Feb 11  
Jill Fish—Mar 11  
Allison Gustavson—Apr 8  
Erin Koffel—May 13  
Elizabeth Goldsmith—Jun 10  
Shannon Kehle-Forbes—Jul 8  
Wendy Miller—Aug 12  
Noah Venables—Sep 9  
Anne Melzer—Oct 14  
Melissa Polusny—Dec 9

## COMPASS Trial: Treating PTSD in the Presence of SUD

Fifteen to 42% of individuals with substance use disorders (SUD) have posttraumatic stress disorder (PTSD), and 28-52% of those with PTSD have a SUD. About 1/3 of VA patients receiving outpatient SUD care have

PTSD. Compared to those without SUD, those with PTSD/SUD comorbidity have more severe PTSD symptoms, are more likely to have additional comorbidities and poorer functional impairment. Unfortunately, evi-



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### COMPASS Trial: Treating PTSD in the Presence of SUD cont'd

dence on how to treat PTSD in the presence of SUD is lacking, 75% of randomized controlled trials for PTSD have excluded patients with SUD, and effect sizes for trauma-focused treatments in those with PTSD/SUD may be smaller than in those without the comorbidity. This leaves the question—what is the best treatment for PTSD/SUD?

**Drs. Shannon Kehle-Forbes and Hildi Hagedorn's** COMPASS trial is the largest study to date that will compare trauma-focused treatments (Cognitive Processing Therapy and Prolonged Exposure) to Present Centered Therapy, a non-trauma-focused treatment, in patients with co-occurring PTSD and SUD. The study will assess PTSD symptom reduction and treatment completion, conduct subgroup analyses to test whether certain patients did better than others, and track other outcomes

important to patients (e.g., family/social relationships).

Another important component of this trial is its involvement of stakeholders to promote engagement and collaboration among partners and researchers throughout the study. The study team will obtain valuable feedback through a three-part study engagement structure—a study advisory committee, a patient partner panel and a clinician partner panel.

The study has already received local and national attention. Check out Minneapolis VA's press release ([https://www.minneapolis.va.gov/MINNEAPOLIS/pressreleases/191203\\_PR\\_PCORI\\_Award\\_for\\_Research.asp](https://www.minneapolis.va.gov/MINNEAPOLIS/pressreleases/191203_PR_PCORI_Award_for_Research.asp)) and the Star Tribune's December 24, 2019 article (<http://m.startribune.com//ptsd-study-to-probe-whether-to-confront-trauma-or-not/566464432/>).

### Examining Care Delivery during the COVID-19 Pandemic

**Dr. Allison Gustavson**, CCDOR Fellow, has led two timely publications that present perspectives on the impact of the COVID-19 pandemic on care delivery.

In a letter to the Editor of the *Journal of the American Medical Directors Association* titled, "Addressing Rehabilitation Needs During a Pandemic: Solutions to Reduce Burden on Acute and Post-Acute Care", Dr. Gustavson and her colleague discussed the need to address the impact of isolation-driven inactivity in older adults. They point out that the older adults who are at greatest risk for mortality from COVID-19 are also at great risk for functional decline that stems from isolation. Ensuring access to physical therapy can mitigate decline and resulting hospitalization. Unfortunately, many outpatient physical therapy clinics have closed, and other facilities have reduced physical therapy services due to the pandemic. The authors call for an interdisciplinary approach to proper assessment that will identify new isolation-related physical decline, a public health approach to emphasize the importance of strength and function during the pandemic, and the promotion of telehealth services and innovative service models to deliver physical therapy.

Her other publication, "Response to Coronavirus 2019 in Veterans Health Administration Facilities Participating

in an Implementation Initiative to Enhance Access to Medication for Opioid Use Disorder," is a commentary published in *Substance Abuse*. It explores VA facilities' responses to COVID-19 and the impact on progress towards increasing adoption of medications for opioid use disorder (M-OUD). The authors explore this in the 8 VA facilities who have been engaged in **Dr. Hildi Hagedorn** and **Dr. Adam Gordon's** VA HSR&D study titled *Advancing Pharmacological Treatments for Opioid Use Disorder (ADaPT-OUD)* in the last two years. The 8 facilities were considered low-performers for M-OUD delivery at the start of ADaPT-OUD. Dr. Gustavson and colleagues discussed in the commentary that the loosening of prior restrictions to regulate M-OUD delivery fostered accelerated M-OUD adoption during the pandemic in these facilities. The pandemic also brought rapid acceleration of the use of telehealth services and reevaluation of pre-COVID practices such as frequent, in-person urinary drug screens that previously limited the use of M-OUD. The authors concluded that the facilities have been responsive to the need for increased access to M-OUD during the pandemic, and that the expert support and community of practice established through ADaPT-OUD may have provided a critical foundation.

## **Racial and Ethnic Disparities in PTSD**

**Dr. Michele Spoont** has been a leader in research examining racial and ethnic disparities in health and the healthcare system. Together with her VA National Center for PTSD (NCPTSD) colleague, Dr. Juliette McClendon, Dr. Spoont wrote the 31st volume of the NCPTSD's *PTSD Research Quarterly* on disparities in posttraumatic stress disorder (PTSD) among racial and ethnic minorities. This issue of *PTSD Research Quarterly* guides the reader through key topics in racial and ethnic disparities in PTSD and PTSD treatment. First, the authors outline disparities in the prevalence rates of trauma exposure and PTSD. Depending on the population (e.g., Vietnam Veterans vs U.S. population) or timeframe (e.g., conditional vs. lifetime) examined, the rates and which racial/ethnic groups show a disparity can vary. However, the research is clear that significant disparities exist.

The authors move on to summarize the research on disparities in the healthcare system. They point out that treatment-seeking is dependent on awareness of the

need for treatment and an ability to access and afford treatment. Structural racism in any of these processes can delay treatment engagement. They also examine key studies that show disparities in treatment delivery.

Drs. Spoont and McClendon then discuss some of the underlying causes of racial/ethnic disparities in PTSD. These include discrimination and racism. In addition, differential access to and the distribution of resources can also have a negative differential impact on health and health care.

The authors close out their discussion with recommended methods for examining racial and ethnic disparities in research. For instance, investigators should use complex modeling approaches and adjustment techniques rather than simply adjusting for covariates associated with race and ethnicity.

To learn more, visit: [https://www.ptsd.va.gov/publications/rq\\_docs/V31N4.pdf](https://www.ptsd.va.gov/publications/rq_docs/V31N4.pdf).

## **Minneapolis VA Evidence-Synthesis Program**

**Dr. Tim Wilt and the Minneapolis VA ESP Program** has had a productive year. The team has led several reviews, with others currently in progress. The reviews covered critical topics including impacts from the COVID-19 pandemic and suicide prevention.

- Deprescribing for Older Adults: A Systematic Review (Bloomfield et al., 2019)
- Care Coordination Models and Tools: A Systematic Review and Key Informant Interviews (Duan-Porter et al., 2020)
- The Effect of Medical Scribes in Cardiology, Orthopedic and Emergency Departments: A Systematic Review (Ullman et al., 2020)
- Evidence Review: Population and Community-Based Interventions to Prevent Suicide (Sultan et al., 2020)
- Risk and Protective Factors Across Socioecological Levels of Risk for Suicide (Ullman et al., 2020)
- COVID-19: Intensive Care Unit Length of Stay and Ventilation Days (Rapid Response; Duan-Porter et al., 2020)
- COVID-19: Remdesivir for Hospitalized Adults—A Living Review (Wilt et al., 2020)
- COVID-19 Post-acute Care Major Organ Damage: A Living Rapid Review (Greer et al., 2020)

**Select CCDOR Publications**

Qaseem A, Crandall CJ, Mustafa RA, Hicks LA, **Wilt TJ**. Screening for colorectal cancer in asymptomatic average-risk adults: a guidance statement from the American College of Physicians. *Annals of internal medicine*. 2019 Nov 5;171(9):643-54.

**Hammett PJ**, Japuntich SJ, Sherman SE, Rogers ES, **Danan ER**, **Noorbaloochi S**, El-Shahawy O, **Burgess DJ**, **Fu SS**. Proactive tobacco treatment for veterans with posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2020 Jul 2.

**Gustavson AM**, Danilovich MK, Lessem R, Falvey JR. Addressing Rehabilitation Needs During a Pandemic: Solutions to Reduce Burden on Acute and Post-Acute Care. *Journal of the American Medical Directors Association*. 2020 Jul 1;21(7):995-7.

**Gustavson AM**, Gordon AJ, **Kenny ME**, McHenry H, Gronek J, **Ackland PE**, **Hagedorn HJ**. Response to coronavirus 2019 in Veterans Health Administration facilities participating in an implementation initiative to enhance access to medication for opioid use disorder. *Substance Abuse*. 2020 Sep 3:1-6.

**Spoont M**, **Nelson D**, **Kehle-Forbes S**, **Meis L**, **Murdoch M**, Rosen C, **Sayer N**. Racial and ethnic disparities in clinical outcomes six months after receiving a PTSD diagnosis in Veterans Health Administration. *Psychological services*. 2020 Jul 13.

**Sayer NA**, Bernardy NC, Yoder M, Hamblen JL, Rosen CS, **Ackland PE**, **Kehle-Forbes SM**, **Clothier BA**, Schnurr PP, **Orazem RJ**, **Noorbaloochi S**. Evaluation of an Implementation Intervention to Increase Reach of Evidence-Based Psychotherapies for PTSD in US Veterans Health Administration PTSD Clinics. *Administration and Policy in Mental Health and Mental Health Services Research*. 2020 Sep 17:1-4.

**Melzer AC**, Golden SE, Ono SS, Datta S, Triplette M, Slatore CG. "We Just Never Have Enough Time": Clinician Views of Lung Cancer Screening Processes and Implementation. *Annals of the American Thoracic Society*. 2020 Jun 4(ja).

Valenstein-Mah H, Greer N, **McKenzie L**, Hansen L, Strom TQ, Wiltsey Stirman S, **Wilt TJ**, **Kehle-Forbes SM**. Effectiveness of training methods for delivery of evidence-based psychotherapies: a systematic review. *Implementation Science*. 2020 Dec;15:1-7.

Hooks M, **Bart B**, **Vardeny O**, Westanmo A, Adabag S. Effects of hydroxychloroquine treatment on QT interval. *Heart rhythm*. 2020 Nov 1;17(11):1930-5.

**Bloomfield HE**, Greer N, Linsky AM, Bolduc J, Naidl T, **Vardeny O**, **MacDonald R**, **McKenzie L**, **Wilt TJ**. Deprescribing for Community-Dwelling Older Adults: a Systematic Review and Meta-analysis. *Journal of general internal medicine*. 2020 Aug 20:1-0.

**Gustavson AM**, Malone DJ, Boxer RS, Forster JE, Stevens-Lapsley JE. Application of High-Intensity Functional Resistance Training in a Skilled Nursing Facility: An Implementation Study. *Physical Therapy*. 2020 Sep 28;100(10):1746-58.

**Koffel E**, **Branson M**, **Amundson E**, Wisdom JP. "Sign Me Up, I'm Ready!": Helping Patients Prescribed Sleeping Medication Engage with Cognitive Behavioral Therapy for Insomnia (CBT-I). *Behavioral Sleep Medicine*. 2020 Oct 17:1-1.

**Wilt TJ**, Kaka AS, **MacDonald R**, **Greer N**, Obley A, **Duan-Porter W**. Remdesivir for Adults With COVID-19: A Living Systematic Review for an American College of Physicians Practice Points. *Annals of internal medicine*. 2020 Oct 5.

Donaldson MT, Neumark-Sztainer D, Gaugler JE, Groessl EJ, **Kehle-Forbes SM**, **Polusny MA**, **Krebs EE**. Yoga

practice among veterans with and without chronic pain: a mixed methods study. *Medical care*. 2020 Sep 1;58:S133-41.

**Melzer AC**, Golden SE, Ono SS, Datta S, Crothers K, Slatore CG. What exactly is shared decision-making? A qualitative study of shared decision-making in lung cancer screening. *Journal of general internal medicine*. 2020 Feb;35(2):546-53.

Japuntich SJ, **Hammett PJ**, Rogers ES, **Fu S**, **Burgess DJ**, El Shahawy O, **Melzer AC**, **Noorbaloochi S**, Krebs P, Sherman SE. Effectiveness of Proactive Tobacco Cessation Treatment Outreach Among Smokers With Serious Mental Illness. *Nicotine and Tobacco Research*. 2020 Sep;22(9):1433-8.

**Sultan S**, Lim JK, Altayar O, Davitkov P, Feuerstein JD, Siddique SM, Falck-Ytter Y, El-Serag HB. AGA Institute rapid recommendations for gastrointestinal procedures during the COVID-19 pandemic. *Gastroenterology*. 2020 Apr 1.

**Meis LA**, **Noorbaloochi S**, **Hagel Campbell EM**, Erickson EP, Velasquez TL, Leverty DM, Thompson K, **Erbes C**. A Theory of Planned Behavior Scale for Adherence to Trauma-Focused Posttraumatic Stress Disorder Treatments. *Journal of Traumatic Stress*. 2020 Nov 16.

**Goldsmith ES**, MacLehose RF, **Jensen AC**, **Clothier B**, **Noorbaloochi S**, **Martinson BC**, Donaldson MT, **Krebs EE**. Complementary, integrative, and nondrug therapy use for pain among us military veterans on long-term opioids. *Medical care*. 2020 Sep 1;58:S116-24.

Lutsey PL, Norby FL, **Ensrud KE**, MacLehose RF, **Diem SJ**, Chen LY, Alonso A. Association of anticoagulant therapy with risk of fracture among patients with atrial fibrillation. *JAMA internal medicine*. 2020 Feb 1;180(2):245-53.



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**CCDOR** was founded in 1998 and is currently comprised of 31 Core Investigators (includes clinically-active physicians, biostatisticians, epidemiologists, behavioral scientists, and clinical psychologists) and over 50 Research and Administrative Support Staff. It supports over 70 funded studies and several research training programs for post-doctoral level Investigators.

#### ***Center of Innovation***

In 2013, CCDOR became a VA Center of Innovation (COIN) and was refunded in 2018. The COIN program rewards research innovations and partnerships to ensure that research has the greatest possible impact on VHA policies, healthcare practices, and health outcomes for Veterans. COINs emphasize detailed strategic planning and collaboration in one or more focused areas of research, partnerships with VA clinical and/or operations leaders, and accelerated movement toward implementation and impact.

#### **CCDOR's Research Priorities**

- Trauma Recovery
- Chronic Pain and Opioid Harms Reduction

#### **CCDOR's Cores**

- Administrative Core
- Evidence Synthesis Core
- Implementation Core
- Mentoring and Training Core
- Statistics and Data Management Core
- Veteran Engagement Core

#### **Operational Partners**

- National Center for Health Promotion and Disease Prevention (NCP)
- National Center for PTSD
- Office of Mental Health and Suicide Prevention
- VA Midwest Health Care Network, VISN 23
- VA Primary Care Program Office
- VHA Pain Management (Program Office)

#### **For more information**

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**VA**



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Veterans Health Administration